New Jersey Department of Health Vital Statistics and Registry PO Box 370 Trenton, NJ 08625-0370

NEW RECORDS SYSTEM FOR BIRTH PARENTS REDACTION REQUEST



For adoptions finalized before August 1, 2015, a birth parent may maintain continued privacy by directing the State Registrar to redact his or her personal identifying information from his or her biological child's original birth certificate prior to release to an authorized applicant. Birth parents must make this request on or before December 31, 2016 to ensure their privacy will be maintained.

ORIGINAL BIRTH CERTIFICATE INFORMATION

Please provide complete and accurate information. While the Department will diligently search its files for an adoption record that matches your request, it does not warrant, promise or guarantee that it will be able to locate an adoption record that matches the information you provide in your request. CHILD'S INFORMATION Child's FIRST Name on Child's Original Birth Certificate: Child's MIDDLE Name on Child's Original Birth Certificate: Child's LAST Name on Child's Original Birth Certificate: Suffix: Child's Date of Birth: ☐ Actual ☐ Estimate Sex: Male Female Country of Birth: State of Birth: County of Birth: Municipality of Birth: **MOTHER'S INFORMATION** Mother's FIRST Name on Child's Original Birth Certificate: Mother's MIDDLE Name on Child's Original Birth Certificate: Mother's LAST Name on Child's Original Birth Certificate: Mother's Date of Birth: **FATHER'S INFORMATION** Father's FIRST Name on Child's Original Birth Certificate: Father's MIDDLE Name on Child's Original Birth Certificate: Father's LAST Name on Child's Original Birth Certificate:

Father's Date of Birth:

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BIRTH PARENT INFO	DRMATION									
NOTE: The birth pa you wish to retain yo			ow is for	processing pu	pose	es and wil	l not k	e release	d to a requ	ester if
Birth Parent's Current First Name:										
Birth Parent's Current Middle Name:										
Birth Parent's Cur	rent Last Name:									
Birth Parent's Date	e of Birth:	/	/	. ——						
Phone 1:				☐ Hom	e [Mobile	□W	ork		
Phone 2:				☐ Hom	e [☐ Mobile	□W	ork (
Phone 3:				☐ Hom	e [☐ Mobile	□W	ork		
Email Address:										
Mailing Address:										
City:			State:			Zip:				
redacted.	entifying information									
Birth Parent's Rela	•									
☐ BIRTH MOTHER				☐ BIRTH FATHER						
Check (✓) the items to be redacted:				Check (✓) the items to be redacted:						
☐ Mother's Maiden Name				Father's Name						
☐ Mother's Legal Name				☐ Father's Date of Birth						
☐ Mother's Date of Birth☐ Mother's Birthplace				☐ Father's Birthplace☐ Father's Residency Address (Street, Municipality,						
 ☐ Mother's Residency Address (Street, Municipality, County, State and Zip) ☐ Mother's Mailing Address (Street/PO Box, 			ality,	County, State and Zip)						у,
						ng Address (Street/PO Box, County, State and Zip)				
	alling Address (Stree				•	•	•	.,		
By signing, I certify supplying is correct form, then I may be	and accurate. I ur	derstand th	at if I fals	sely represent						
Signature of Birth Par	ent:					I	Date:			